

TAX: CIA OR [REDACTED]
 HEALTH PLAN: OERA OTHER
 STATE:

TO : CHIEF, ACCOUNTING BRANCH
 FROM : CHIEF, PAYROLL BRANCH
 SUBJECT: CHECK TO BE CANCELLED

PAYROLL CONTROL NO.

DATE

PLEASE cancel attached check No. Issued to
 for the period to . The check is being cancelled because

EMPLOYEE										EMPLOYER			
313	310	310.6	310.1	310.4	314.5	312				310.6	310.1	310.4	312
Gross State	Fed Tax	FICA	Ret.	Ins. Group	Bonds	Health	Other	Ret		FICA	Ret.	Ins Gr.	Health

COST CENTER 101 105 107 108 109
 Schedule SF 3512 Date Paid

FD Employee Number

Prepared by

APPROVED

1089 Number

Prepared and recorded in Fiscal Accounting Branch by DATE